

DEMAND FOR TRAINING CENTER SERVICES

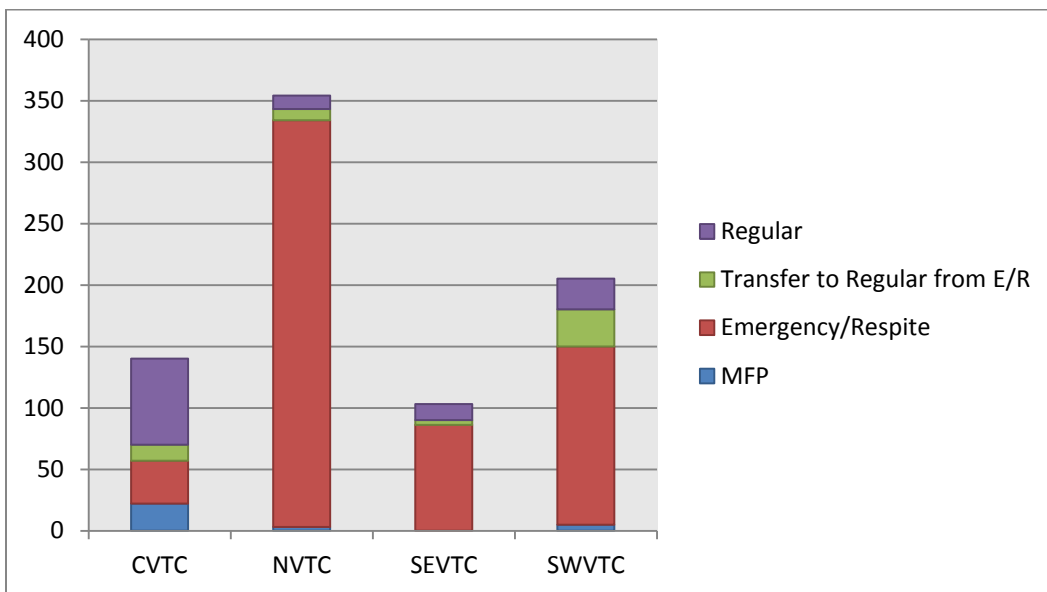
Over the last 10 years the demand for long term services in the training centers has decreased. This is evidenced by four factors, the type of admissions in to the training centers, the number of overall bed days, and the increase in ICF community beds, and the increase in the ID Waiver wait list.

TYPE OF ADMISSIONS

There are 4 types of admissions into the training centers.

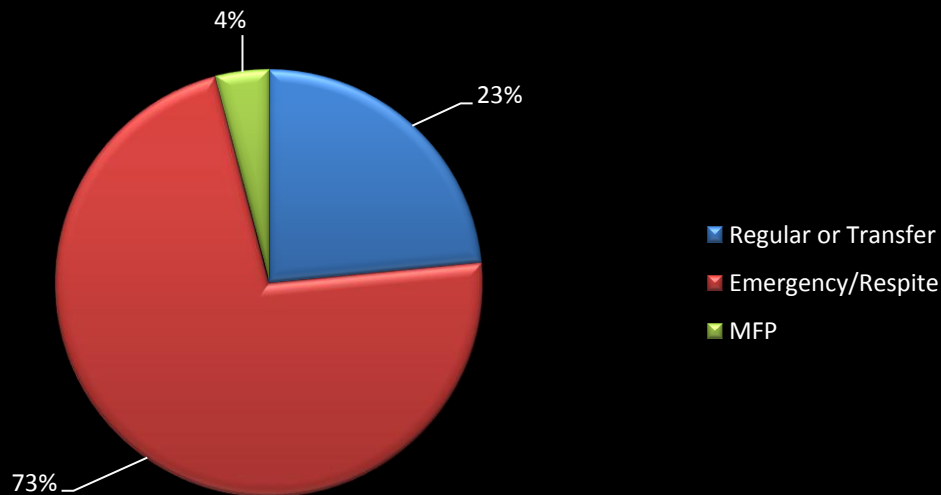
1. MFP- Admissions based on money follows the person program generally only a one night stay.
2. Regular- Admitted for long term care at the training centers.
3. Emergency/Respite-Admissions for short time for emergency care and stabilization
4. Emergency/Respite Transferring to Regular- There are times when someone is admitted to as an emergency/respite admission and then are transferred from emergency/respite to a long term stay.

The following graphs show the type of admissions from 1-1-2005 until 9-19-2014. 4 of the training centers are included due to Southside Virginia Training Center closing in 2014 and DBHDS inability to review admissions records in a timely fashion.



The majority of admissions at all the training centers have been for emergency or respite services. The only exception for this is Central Virginia Training Center.

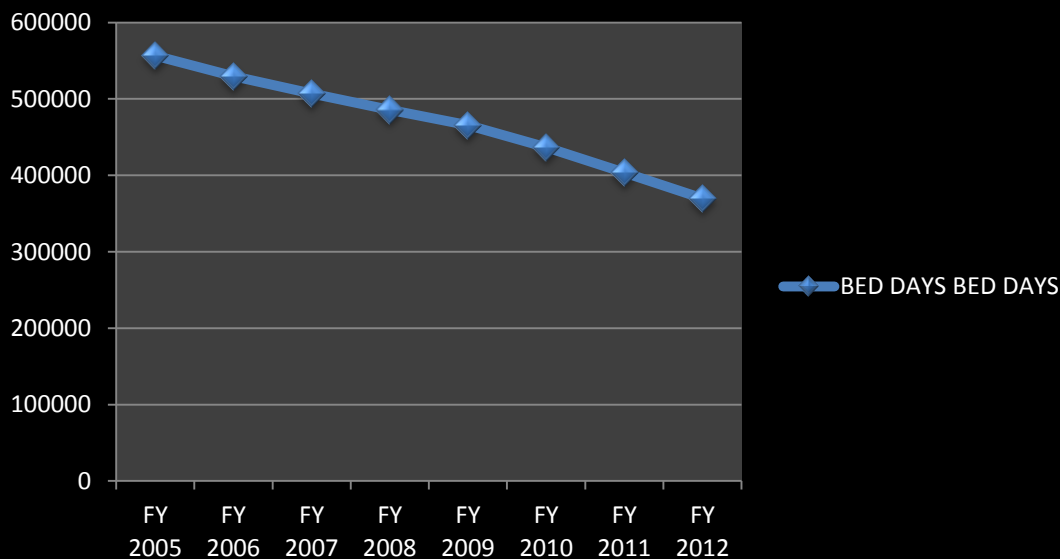
Type of Admission all Training Centers



Overall 73% of the admissions since 2005 have been for emergency or respite care. 23% have been for a regular admission or an emergency/respite care admissions which have transferred into long term care. From these two graphs it can be concluded that nearly 3 out of 4 individuals in the training centers are not seeking long term care. It can be concluded that over the last 10 years the demand for long term training center services is very low. Additionally as more services are provided in the community, the demand for these services will trend even lower.

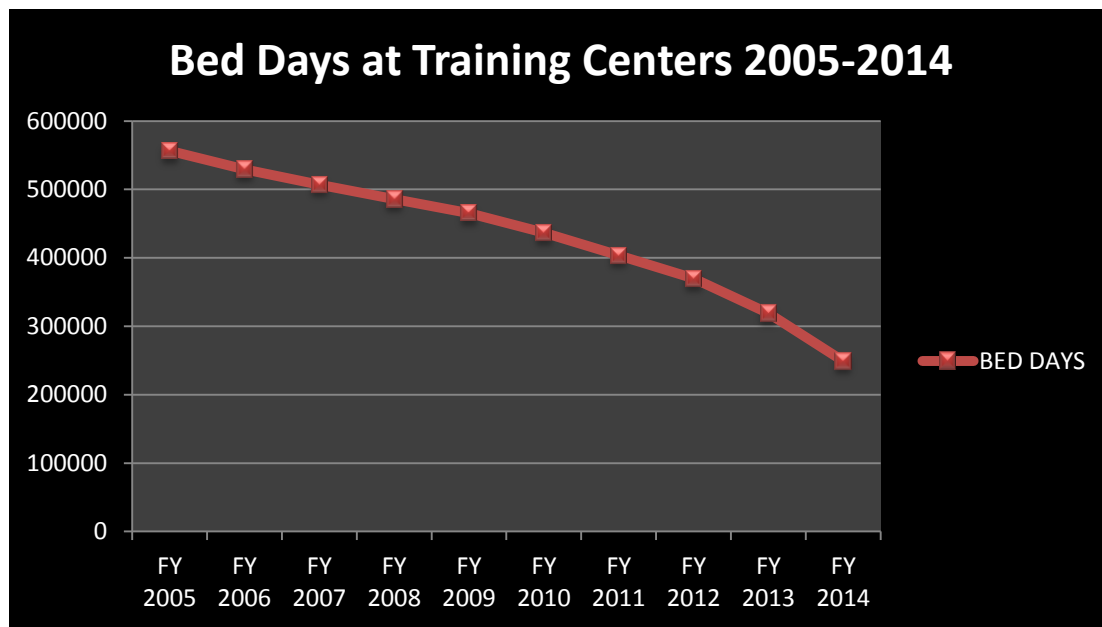
BED DAYS

Bed Days at Training Centers



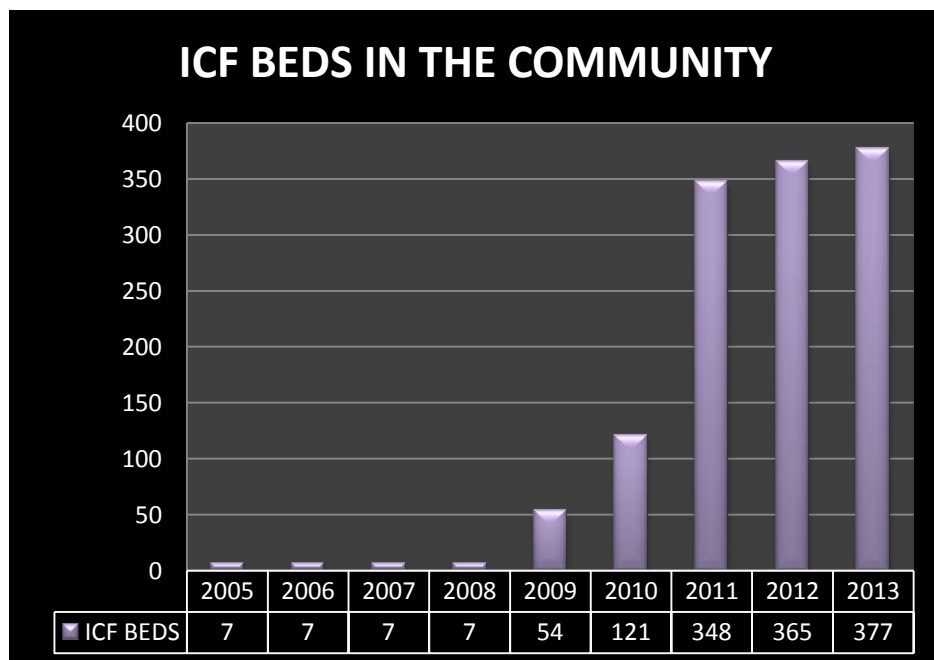
As depicted in the graph above the overall number of bed days has decreased by 34% from 2005-2012. The analysis stopped at 2012 to show that even without the announcement of the training centers closing the overall number of days of service has continued to decline.

If 2014 is included the number of bed days has decreased by 55%.



SUPPLY OF COMMUNITY BEDS

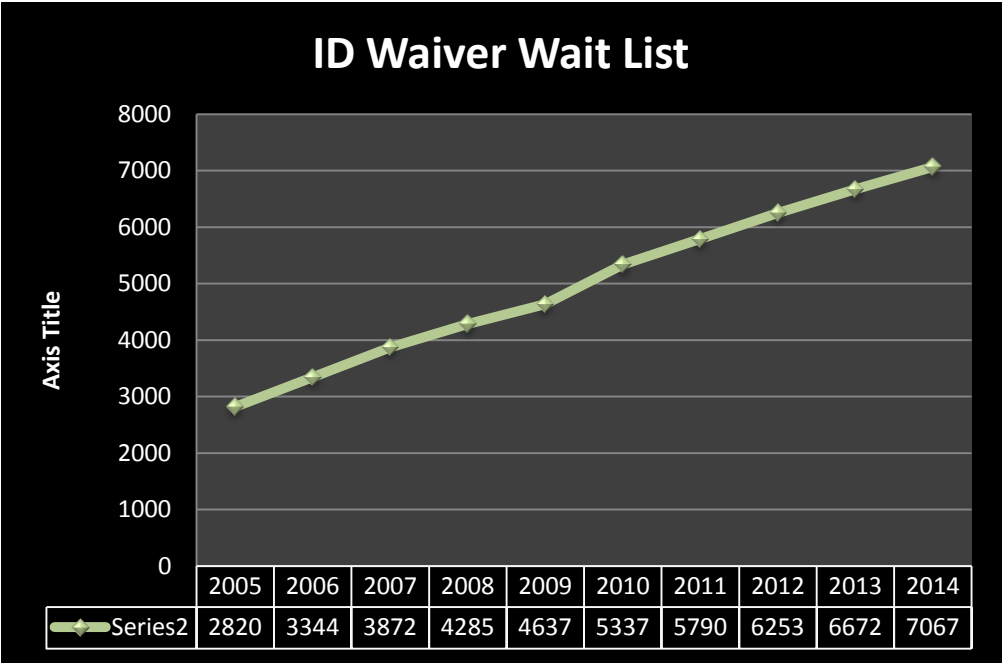
The demand for the long term ICF beds in the training centers have decreased as a result of an increase in community options. Below is a chart (data taken from DBHDS licensing system) which shows the number of **NEW** ICF beds in the community.



Consumers are not required to use ICF beds in the community, however as more ICF beds are available in the community it is logical to assume that training center census's would be effected.

ID WAIVER WAIT LIST

Since 2005 the wait list has increased by nearly 2.5 times. This waiver list shows that more individuals want services through the waiver and not in the training centers.



CONCLUSION

The overall usage or demand for training centers for long term care has declined over the last 10 years. 3 out of 4 of the admissions have been for emergency or respite care. Additionally the usage of the training centers as defined by bed days has also significantly declined. It can be concluded that demand for long term care services has been declining for years. Additionally as more community ICF beds are built and provided the projected demand will diminish even further.